

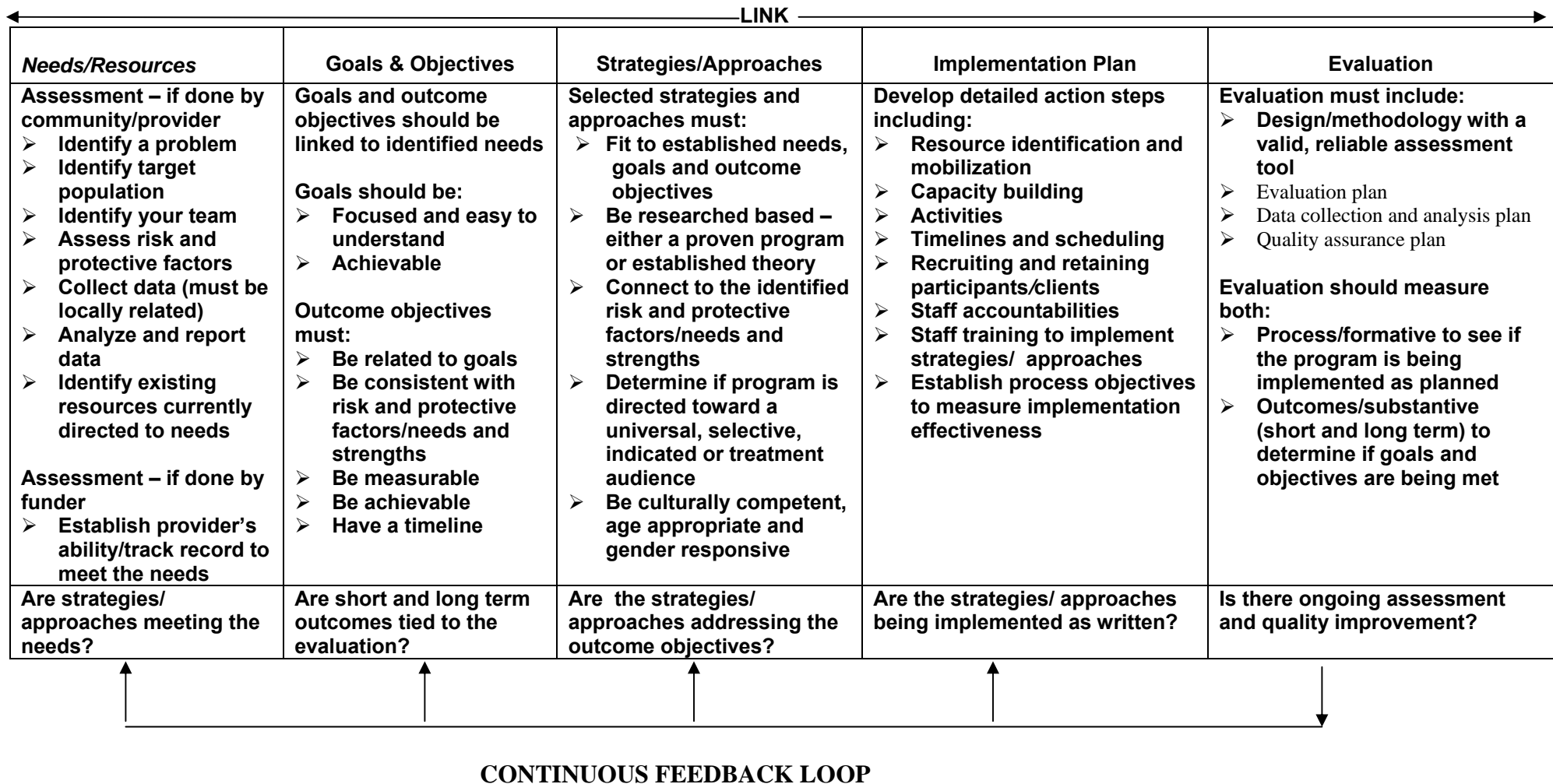
RESOURCE MATERIALS

RFGA SD-CSG-07-8182-00

Appendix A:	Arizona Program Design and Evaluation Logic Model
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APPENDIX A

ARIZONA PROGRAM DESIGN AND EVALUATION LOGIC MODEL



**CHECKLIST FOR
THE ARIZONA PROGRAM DESIGN AND EVALUATION LOGIC MODEL APPLICATION SECTION**

NEEDS/RESOURCES

- ☐ Did we clearly identify the problem?
- ☐ Have we identified specific risk and protective factors that relate to our stated problem?
- ☐ Have we collected a variety of data that is valid and directly supports the identified problem? Does this data include local data (statistics, surveys, etc.)?
- ☐ Does our external team represent stakeholders at all appropriate levels within the community?
- ☐ Does our internal team provide the needed expertise to follow through on all aspects of the project from planning to implementation to evaluation?
- ☐ Does the data include descriptions of all other efforts in the community to address the problem or similar or related problems and how our program will interface with those efforts?

GOALS & OUTCOME OBJECTIVES

- ☐ Did we develop goals that clarify how they link to the problem and the selected risk and protective factors (assets)? Are these goals achievable?
- ☐ For each goal have we stated an outcome objective(s) that is “doable” in terms of time and resources?
- ☐ Does each outcome objective describe a specific change in knowledge, attitude or behavior, the degree of change expected, and when the change should occur?
- ☐ Have we stated how the change will be measured?

STRATEGIES/APPROACHES

- ☐ Have we made sure that each selected strategy/approach or program addresses the stated goals and objectives?
- ☐ Are the selected strategies/approaches and programs based on proven programs or established theory relating to the chosen risk and protective factors?
- ☐ Is there evidence to suggest that the chosen strategies/approaches or proven effective program will lead to achieving the stated goals and objectives?
- ☐ Did we select strategies from the list of approved research-based strategies?
- ☐ Are the selected strategies/approaches and programs culturally, age, and gender relevant for the target population?
- ☐ If program adaptations are needed, have we carefully considered how they will affect the fidelity of the program and the outcomes we hope to achieve?

IMPLEMENTATION PLAN

- ☐ Is our budget adequate and appropriate for implementation of the selected program or strategies?
- ☐ Have we adequately demonstrated our organizational capacity?
- ☐ Have we demonstrated through our past experience that we are able to address the problem?
- ☐ Have we completed all of the necessary organizational capacity attachments?
- ☐ Have we adequately assessed our internal capacity to implement the strategies/ approaches and programs and made provisions for developing capacity as needed?
- ☐ Have we identified process objectives to measure the effectiveness of our implementation of our strategy?
- ☐ Does our implementation plan contain clearly defined steps to implement the selected strategies/approaches and programs for the achievement of our process objectives?
- ☐ Does our implementation plan contain clearly defined roles and responsibilities and a well- developed timeline?
- ☐ Have we identified and made provisions for staff training?
- ☐ Have we clearly identified how we will recruit and retain program participants and do we have a back-up plan?

EVALUATION

- ☐ Have we described the overall responsibility for evaluation?
- ☐ Have we included adequate resources for conducting evaluation in the budget?
- ☐ Have we described methods for measuring both process and outcome objectives?
- ☐ Are there timelines for evaluating both process and outcome objectives?
- ☐ Have we identified what data will be used and how it will be collected?
- ☐ Have we established responsibility for collecting and analyzing the data?
- ☐ Are there processes for ensuring the quality of the data?
- ☐ Have we explained how the data will be analyzed?
- ☐ Have we described our plan to use the evaluation results to continuously improve the program?

PARTNERSHIP WITH SCHOOL(S) AND/OR SCHOOL DISTRICTS

- ☐ Have we adequately shown our partnership with the local school or district and demonstrate that the program is not duplicative of the school’s prevention efforts?

THE ARIZONA LOGIC MODEL TERMS AND DEFINITIONS

Adaptation – Modification of a Best Practice Program in response to a local circumstance or need. As the adaptation increases, the certainty that the program will be effective decreases.

Best Practices Programs– Strategies, activities or approaches that have been shown, through replicated research and evaluation, to be effective at preventing or delaying problem behaviors. Also referred to as effective practices, or science-based or research-based programs.

Capacity Building – Developing community or organizational assets such as human resources (staff and volunteers), technical infrastructure and support, and short and long term funding strategies that will be needed for successful implementation of selected strategies, approaches and programs.

Cultural Competence – Being sensitive to the variations in different ethnic, racial and social groups and modifying and/or adapting strategies and approaches to address issues and needs that are unique to the target population.

Effectiveness – The achievement of objectives supported by research or program evaluation that show consistent, positive results that are directly related to the implemented program.

External Team – Individuals outside an organization who are selected on the basis of their interest, experience or expertise to collaborate in any or all phases of program planning, implementation and evaluation.

Fidelity – The degree to which a program is implemented exactly as it has been designed and written.

Fit – The degree to which a selected strategy, approach or program is compatible with any or all of the following: the community's values, the culture and characteristics of the target population, the priorities of the key stakeholders, other existing programs that serve the target population, the resources available to implement the selected strategy, approach or program.

In-kind Resource – Something of value other than money that is contributed to a project. Examples: staff, capital equipment, supplies, work space, etc.

Internal Team – Staff and volunteers within an organization who, because of interest, experience or expertise are selected to participate in program planning, implementation, and evaluation.

Linkage – The connection and interrelation between the various elements of the Logic Model (Needs Assessment/Assets, Goals and Objectives, Strategies/Approaches, Implementation, Evaluation).

Logic Model – The sequential representation of a program planning, implementation and evaluation process that identifies and links all the elements that will result in positive impacts upon individuals and the community.

Outcome Objectives – Specific statements that describe a change in knowledge, attitude, behavior, you want to achieve in your target population including the extent of the change, a date specific by when the change will occur, and what measure will be used for determining the change.

Process Objectives – Specific statements that describe how implementation effectiveness will be determined including documentation of what was actually done, how much, when, for whom and by whom during the course of a program.

Promising Programs/Strategies/Approaches – Programs, strategies or approaches that have been shown through valid and reliable evaluation tools/methods to have produce intended, positive results but have not yet undergone the rigor of more extensive review, e.g. control groups or replication.

Protective Factors – Situations that inoculate or strengthen a person's ability to resist and reject destructive behaviors and situations. Example: Parental presentation of healthy beliefs and clear standards for behavior. Developed by Hawkins, Catalano, and Miller, Seattle, Washington.

Quality Improvement - An on-going process that uses outcomes and process evaluation information/findings through the Logic Model Continuous Feedback Loop to improve the quality of ongoing and/or future programs.

Readiness – The extent to which a community is receptive to a strategy or approach that is asking for changes in behavior, attitudes and knowledge and the resiliency and capability of the community to make these changes.

Reliable, Valid Assessment Tool – An assessment method that has been shown repeatedly to predict a specific outcome.

Risk Factors – The association between some characteristic or attribute of an individual, group or environment and an increased probability of certain disorders or behavior problems. Example: Low degree of communication and interaction between parents and children. Developed by Hawkins, Catalano and Miller, Seattle, Washington.

Science/Research/Theory Based – Strategies/Approaches that have been substantiated through a consensus of experts using commonly agreed upon criteria that show a strong correlation between the selected strategies/approaches and the desired outcomes.

Target Population – Persons, organizations, communities, or other types of groups which the selected strategies/approaches are intended to affect.

APPENDIX D – Risk Factors Information

Just as public health researchers have identified smoking and a diet high in fat as risk factors for heart disease, researchers over the past 30 years have identified a set of risk factors for adolescent health and behavior problems. Research has shown that certain conditions in children's community, school, family, and peer environments, as well as physiological and personality traits of the children themselves, are common risk factors for problems such as drug abuse, delinquency, teenage pregnancy, and school failure.

Data collection is the first phase of conducting a needs assessment. Data needs to be identified and assembled in order to determine how prevalent each risk factor and protective factor (or asset) is in your community. If you can identify which risk factors (that increase the likelihood of a problem occurring) are prevalent in your community, then you can identify and implement strategies to reduce those risks and thus reduce the problem behavior. Similarly, by examining the level of protective factors (or assets) that exist in your community, this will tell you how prevalent factors are which buffer the effects of risk factors.

Risk Factors and Adolescent Problem Behavior

1. Adolescent Problem Behaviors

Risk Factors	Substance Abuse	Delinquency	Teen Pregnancy	School Drop-Out	Violence
Community					
Availability of Drugs	√				√
Availability of Firearms		√			√
Community Laws and Norms Favorable toward Drug Use, Firearms and Crime	√	√			√
Media Portrayals of Violence					√
Transitions and Mobility	√	√		√	
Low Neighborhood Attachment and Community Disorganization	√	√			√
Extreme Economic Deprivation	√	√	√	√	√
Family					
Family History of Problem Behavior	√	√	√	√	√
Family Management Problems	√	√	√	√	√
Family Conflict	√	√	√	√	√
Favorable Parental Attitudes and Involvement in the Problem Behavior	√	√			√
School					
Academic Failure Beginning in Late Elementary School	√	√	√	√	√
Lack of Commitment to School	√	√	√	√	√
Individual/Peer					
Alienation and Rebelliousness	√	√		√	
Early and Persistent Antisocial Behavior	√	√	√	√	√
Friends Who Engage in the Problem Behavior	√	√	√	√	√
Favorable Attitudes Toward Problem Behavior	√	√	√	√	
Early Initiation of the Problem Behavior	√	√	√	√	√
Constitutional Factors	√	√			√
Gang Involvement	√	√			√

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RISK FACTORS AND SOCIAL INDICATORS

Arizona data related to many of these Social Indicators is available at:

<http://www.hs.state.az.us/bhs/prevention/index.htm>

COMMUNITY DOMAIN

Risk Factor: Availability of Drugs (Substance Abuse)

Indicators: Perceived Availability of Drugs (usually by survey, not archival social indicator data)
Sales of Alcoholic Beverages
Liquor Sales Outlets
Tobacco Sales Outlets

The more available drugs are in a community, the higher the risk that young people will abuse drugs in the community. Perceived availability of drugs is also associated with risk. As an example, in schools where children just think that drugs are more available, a higher rate of drug use occurs.

Risk Factor: Availability of Firearms (Delinquency & Violence)

Indicators: Firearm Sales
Firearms in Home

Firearm availability and firearm homicide have increased together since the late 1950s. If a gun is present in the home, it is much more likely to be used against a relative or friend than an intruder or stranger. Also, when a firearm is used in a crime or assault instead of another weapon or no weapon, the outcome is much more likely to be fatal. While a few studies report no association between firearm availability and violence, more studies show a positive relationship. Given the lethality of firearms, the increase in the likelihood of conflict escalating into homicide when guns are present and the strong association between availability of guns and homicide rates, firearm availability is included as a risk factor.

Risk Factor: Community Laws and Norms Favorable to Drug Use, Firearms, and Crime (Substance Abuse, Delinquency, & Violence)

Indicators: Juvenile Arrests for Alcohol or Other Drug Law Violations
Juvenile Arrests for Violent Crimes
Juvenile Arrests for Curfew, Vandalism and Disorderly Conduct
Juvenile Arrests for Property Crime
Disposition of Juvenile Arrest Cases
Adult Drunken Driving Arrests
Adult Violent Crime Arrests
Adult Drug-Related Arrests
Adult Arrests for Property Crime
Alcohol Related Traffic Fatalities
Alcohol Use During Pregnancy
Tobacco use During Pregnancy
Areas Targeted by Law Enforcement for Drug Cleanup
School Discipline for Behavior Problems
Homicides

Community norms - the attitudes and policies a community holds about drug use and crime - are communicated in a variety of ways: through laws and written policies, through informal social practices, and through the expectations parents and other members of the community have of young people.

One example of the community law affecting drug use is the taxation of alcoholic beverages. Higher rates of taxation decrease the rate of alcohol use at every level of use. When laws, tax rates, and community standards are favorable toward substance use or crime, or even if they are just unclear, children are at higher risk.

Another concern is conflicting messages about alcohol/other drugs from key social institutions. An example of conflicting messages about substance abuse can be found in the acceptance of alcohol use as a social activity within the community. The "Beer Gardens," popular at street fairs and community festivals frequented by young people, are in contrast to zero tolerance messages that schools and parents may be promoting. These conflicting messages make it difficult for children to decide which norms to follow.

Laws regulating the sale of firearms have had little effect on violent crime and those effects usually diminish after the law has been in effect for multiple years. In addition, laws regulating the penalties for violating licensing laws or using a firearm in the commission of a crime have also been related to reduction in the amount of violent crime, especially involving firearms. A number of studies suggest the small and diminishing effect is due to two factors: the availability of firearms from other jurisdictions without legal prohibitions on sales or illegal access, and community norms which include lack of proactive monitoring or enforcement of the laws.

Risk Factor: Media Portrayal of Violence (Violence)

Indicators: General Violent Behavior Portrayed on Television
Serious Assaults Portrayed on Television

The effect of media violence on the behavior of viewers (especially young viewers) has been debated for over three decades. Research over that time period has shown a clear correlation between media violence and the development of aggressive and violent behavior. Exposure to media violence appears to impact children in several ways. First, children learn from watching actors model violent behavior, as well as learning violent problem-solving strategies. Second, media violence appears to alter children's attitudes and sensitivity to violence.

Risk Factor: Transitions and Mobility (Substance Abuse, Delinquency, & School Dropout)

Indicators: Existing Home Sales
New Home Construction
Rental Residential Properties

When communities are characterized by frequent non-scheduled transition rates, there is an increase in problem behaviors. Communities with high rates of mobility appear to be linked to an increased risk of drug and crime problems. The more often people in a community move, the greater the risk of both criminal behavior and drug-related problems in families. While some people find buffers against the negative effects of mobility by making connections in new communities, others are less likely to have the resources to deal with the effects of frequent moves and are more likely to have problems.

Risk Factor: Low Neighborhood Attachment and Community Disorganization (Substance Abuse, Delinquency, & Violence)

Indicators: Percent of Population Voting in Elections

Prisoners In State Correctional Systems
Single Parent Family Households
Vandalism Arrests

Higher rates of drug problems, juvenile delinquency, and violence occur in communities or neighborhoods where people have little attachment to the community, where the rates of vandalism are high, and where there is low surveillance of public places. These conditions are not limited to low income neighborhoods; they can also be found in wealthier neighborhoods.

Perhaps the most significant issue affecting community attachment is whether residents feel they can make a difference in their lives. If the key players in the neighborhood--such as merchants, teachers, police, human and social services personnel--live outside the neighborhood, residents' sense of commitment will be less. Lower rates of voter participation and parental involvement in schools also indicate lower attachment to the community.

Risk Factor: Extreme Economic and Social Deprivation (Substance Abuse, Delinquency, Violence, Teen Pregnancy, & School Dropout)

Indicators: Persons/Families/Children Living Below Poverty Level
Unemployment Rates
Exhausted Unemployment Benefits
Temporary Assistance for Needy Families
Free and Reduced Lunch Program
Adults Without A Diploma
Single Female Head of Household as a Percentage of All Households
Food Stamp Recipients

Children who live in deteriorating and crime-ridden neighborhoods characterized by extreme poverty are more likely to develop problems with delinquency, teen pregnancy, school dropout, and violence. Children who live in these areas--and have behavior and adjustment problems early in life--are also more likely to have problems with drugs later on.

FAMILY DOMAIN

Risk Factor: Family History of High Risk Behavior (Substance Abuse, Delinquency, Teen Pregnancy, & Dropout)

Indicators: Adults in Treatment
Adults/Parents in Prison
Educational Attainment of Adults
Adult Illiteracy
Children Living Away From Parents

If children are raised in a family with a history of addiction to alcohol or other drugs, the risk of having alcohol and other drug problems themselves increases. If children are born or raised in a family with a history of criminal activity, the risk of juvenile delinquency increases. Similarly, children who are raised by a teenage mother are more likely to be teen parents, and children of dropouts are more likely to drop out of school themselves.

Risk Factor: Family Management Problems (Substance Abuse, Delinquency, Violence, Teen Pregnancy, and School Dropout)

Indicators: Reported Child Neglect and Abuse Cases
 Runaway Reports
 Children Living in Foster Homes

The risk factor has been shown to increase the risk of drug abuse, delinquency, teen pregnancy, school dropout, and violence. Poor family management practices include lack of clear expectations for behavior, failure of parents to monitor their children (knowing where they are and who they are with), and excessively severe or inconsistent punishment.

Risk Factor: Family Conflict (Substance Abuse, Delinquency, Violence, Teen Pregnancy, and School Dropout)

Indicators: Domestic Violence Reports
 Divorce Rates

Persistent, serious conflict between primary caregivers or between caregivers and children appears to enhance risk for children raised in these families. Conflict between family members appears to be more important than family structure. Whether the family is headed by two biological parents, a single parent, or some other primary caregiver, children raised in families high in conflict appear to be at risk for all of the problem behaviors. For example, domestic violence in a family increases the likelihood that young people will engage in delinquent behaviors and substance abuse, as well as become pregnant or drop out of school.

Risk Factor: Favorable Parental Attitudes and Involvement in the Problem Behaviors (Substance Abuse, Violence, & Delinquency)

Indicators: Adult Violent Crime Arrests
 Adult Property Crime Arrests
 Adult Alcohol-Related Arrests
 Babies Born Affected by Alcohol or Other Drug Use
 Drug Use During Pregnancy

Parental attitudes and behavior toward drugs, crime, and violence influence the attitudes and behavior of their children. Parental approval of young people's moderate drinking, even under parental supervision, increases the risk of the young person using marijuana. Similarly, children of parents who excuse their children for breaking the law are more likely to develop problems with juvenile delinquency. In families where parents display violent behavior towards those outside the family, there is an increase in the risk that a child will become violent.

Further, in families where parents involve children in their own drug or alcohol behavior - for example, asking the child to light the parent's cigarette or get the parent a beer from the refrigerator - there is an increased likelihood that their children will become drug abusers in adolescence.

SCHOOL DOMAIN

Risk Factor: Academic Failure (Substance Abuse, Delinquency, Violence, Teen Pregnancy, and School Dropout)

Indicators: Grade Repetition
ACT Test Scores
SAT Test Scores
Reading Proficiency
Math Proficiency
Science Proficiency
GED Diplomas Issued

Beginning in the late elementary grades, academic failure increases the risk of drug abuse, delinquency, violence, pregnancy, and school dropout. Children fail for many reasons. It appears that the experience or failure--not necessarily ability--increases the risk of problem behaviors.

This is particularly troubling because, in many school districts, African American, Native American, and Hispanic students have disproportionately higher rates of academic failure compared to white students. Consequently, school improvement and reducing academic failure are particularly important prevention strategies for communities of color.

Risk Factor: Lack of Commitment to School (Substance Abuse, Delinquency, Teen Pregnancy, and School Dropout)

Indicators: Event Dropouts
Status Dropouts
School Enrollment
Average Daily Attendance
Truancy Rates
High School Completion Rates

Low commitment to school means the young person has ceased to see the role of student as a viable one. Young people who have lost this commitment to school are at higher risk for substance abuse, delinquency, teen pregnancy, and school dropout.

In many communities of color, education is seen as a "way out," similar to the way early immigrants viewed education. Other subgroups in the same community may view education and school as a form of negative acculturation. In essence, if you get education, you have "sold out" to the majority culture. Young people who adopt this view are likely to be at higher risk for health and problem behaviors.

INDIVIDUAL/PEER DOMAIN

Risk Factor: Alienation and Rebelliousness (Substance Abuse, Delinquency, and School Dropout)

Indicators: Adult Suicide
Adolescent Suicide
Reported Gang Involvement
Reported Vandalism and Graffiti Damage

Young people who feel they are not part of society, are not bound by rules, don't believe in trying to be successful or responsible, or who take an active rebellious stance toward society, are at higher risk of drug abuse, delinquency, and school dropout.

Alienation and rebelliousness may be an especially significant risk for young people of color. Children who are consistently discriminated against may respond by removing themselves from the dominant culture and rebelling against it. On the other hand, many communities of color are experiencing significant cultural change due to integration. The conflicting emotions about family and friends working, socializing

or marrying outside of the culture, may well interfere with a young person's development of a clear and positive racial identity.

Risk Factor: Early and Persistent Anti-Social Behavior (Substance Abuse, Delinquency, Violence, School Dropout, and Teen Pregnancy)

Indicators: Elementary School Disciplinary Problems
Special Education Classes for Students with Behavior Disorders
Elementary School Students Diagnosed with Behavioral Disorders

Boys who are aggressive in grades K-3 are at higher risk of substance abuse and juvenile delinquency. However, aggressive behavior very early in childhood does not appear to increase risk. When a boy's aggressive behavior in the early grades is combined with isolation or withdrawal, there is an even greater risk of problems in adolescence. This increased risk also applies to aggressive behavior combined with hyperactivity or attention deficit disorder.

This risk factor also includes persistent antisocial behavior in early adolescence, like misbehaving in school, skipping school, and getting into fights with other children. Young people, both girls and boys, who engage in these behaviors during early adolescence are at increased risk for drug abuse, juvenile delinquency, violence, school dropout, and teen pregnancy.

Risk Factor: Friends Who Engage in the Problem Behavior (Substance Abuse, Delinquency, Violence, Teen Pregnancy, and School Dropout)

Indicators: Adolescents in Juvenile Justice System
Reported Use of Drugs and Alcohol by Friends
Adolescents in Treatment
Adolescents Diagnosed with Sexually Transmitted Diseases
Adolescent Pregnancies
Birthrate Among Juveniles

Young people who associate with peers who engage in problem behavior - delinquency, substance abuse, violent activity, sexual activity, or school dropout - are much more likely to engage in the same problem behavior. This is one of the most consistent predictors that research has identified. Even when young people come from well-managed families and do not experience other risk factors, just hanging out with friends who engage in the problem behavior greatly increases the child's risk of that problem. However, young people who experience a low number of risk factors are less likely to associate with friends who are involved in the problem behavior.

Risk Factor: Favorable Attitudes Toward the Problem Behavior (Substance Abuse, Delinquency, Teen Pregnancy, and School Dropout)

Indicators: Disapproval of Use of Alcohol, Cigarettes, and Drugs
Perceived Harmfulness of Use of Alcohol, Cigarettes, and Drugs
Attitudes Regarding Marijuana Laws

During the elementary school years, children usually express anti-drug, anti-crime, and pro-social attitudes. They have difficulty imagining why people use drugs, commit crimes, and drop out of school. However, in middle school, as others they know participate in such activities, their attitudes often shift toward greater acceptance of these behaviors. This acceptance places them at higher risk.

Risk Factor: Early Initiation of the Problem Behavior (Substance Abuse, Delinquency, Violence, Teen Pregnancy, and School Dropout)

Indicators: Grade of First Use of Alcohol, Cigarettes, and Drugs
Age of Initial Sexual Activity
School Reports of Disciplinary Problems
Dropouts Prior to 9th Grade
Arrests Related to Alcohol and Other Drugs (Ages 10 to 14)
Violence Arrests (Ages 10 to 14)
Vandalism Arrests (Ages 10 – 14)
Alcohol Arrests (Ages 10 – 14)
Personal and Property Crimes Arrests (Ages 10 – 14)

The earlier young people begin using drugs, committing crimes, engaging in violent activity, dropping out of school, and becoming sexually active, the greater the likelihood that they will have problems with these behaviors later on. For example, research shows that young people who initiate drug use before the age of 15 are at twice the risk of having drug problems as those who wait until after the age of 19.

Gang Involvement (Substance Abuse, Delinquency, and Violence)

Research has shown that children who have delinquent friends are more likely to use alcohol or other drugs and to engage in delinquent or violent behavior than children who do not have delinquent friends. But the influence of gang involvement on alcohol and other drug use, delinquency and violence exceeds the influence of delinquent friends on these problem behaviors. Gang members are even more likely than children who have delinquent friends to use alcohol or other drugs and to engage in delinquent or violent behavior.

Constitutional Factors (Substance Abuse, Delinquency, and Violence)

Constitutional factors are factors that may have a biological or physiological basis. These factors are often seen in young people with behaviors such as sensation-seeking, low harm-avoidance, and lack of impulse control. These factors appear to increase the risk of young people abusing drugs, engaging in delinquent behavior, and/or committing violent acts.

Appendix E

Building Protective Factors and Framing Youth Assets

Protective factors reduce one's risk for later problems by buffering the effects of exposure to risk factors. The Asset Framework utilizes the positive elements that are significant developmental elements that are important during critical adolescent years. These protective factors and assets are important to help influence choices adolescents make to avoid problem behaviors such as substance abuse, delinquency, violence, dropout, and teen pregnancy and ultimately become healthy and responsible adults.

The protective factors emphasize two key elements: 1) bonding to prosocial family, school and peers, and 2) clear standards or norms for behavior. The strategy identifies three processes that promote these protective factors:

- Opportunities for involvement in productive prosocial roles
- Skills to be successfully involved in these roles
- Consistent systems of recognition and reinforcement for prosocial involvement

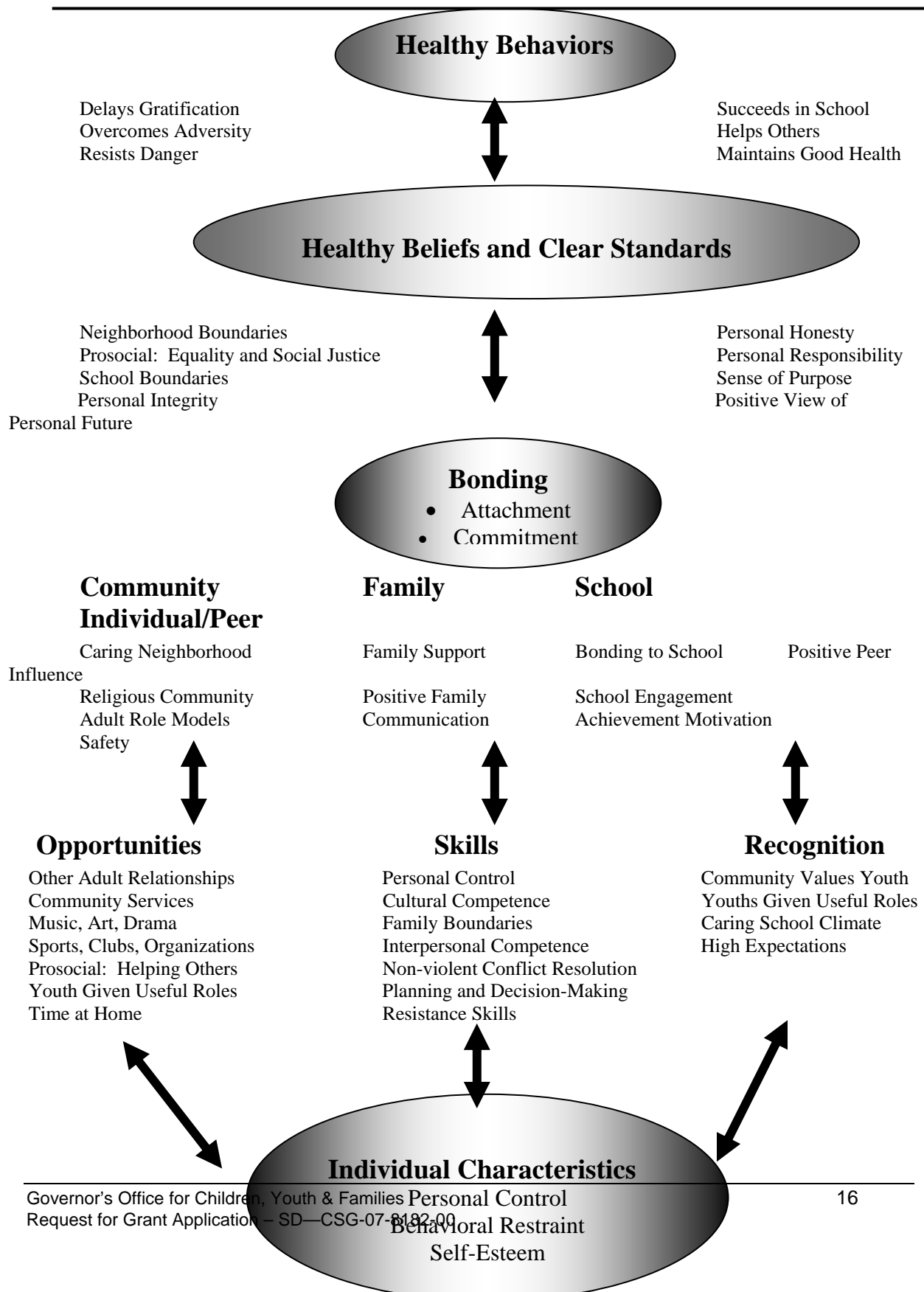
The Asset model emphasizes Internal and External factors that influence adolescent decision-making.

The following chart shows one example of the connection of Protective Factors and Developmental Assets.

Building Protective Factors

The Social Development Strategy:

Framing Youth Assets



APPENDIX F

Research Based Elements of Effective Prevention Strategies

Public Information and Social Marketing

Brief Description of Program/Strategy: Prevention public information/social marketing. Presentation of accurate targeted messages and promotional materials on substance abuse and mental health issues, including suicide and teen pregnancies, to increase awareness of behavioral health. May include information seminars, electronic and print media.

Information dissemination has not demonstrated effectiveness as a stand-alone strategy component. Information dissemination works best when combined with other strategy components. Information must be targeted toward its intended population and be relevant and appropriate in terms of format, media, content, delivery and timing. Information delivered to an individual within the context of a positive, personal relationship has a more positive influence on the recipient.

Public awareness campaigns have been shown effective as an adjunct to other complementary strategies, such as deterrence-based efforts. (Ross, 1985 - in Guidelines and Benchmarks for Prevention Programming, SAMSHA/CSAP (1997))

Social marketing can enhance prevention programming. Social marketers use consumer-based models to design behavior change messages for target populations. Studies indicate that social marketing proves beneficial in selling "products" prevention messages to specific "consumer" groups/populations at risk for substance abuse. (Adapted by CSAP for Prevention Alert, Vol. 1, number 6, Oct. 24, 1997. Taken from Social Marketing: Its Place in Public Health, Annual Review of Public Health, vol, 13: 1992)

Strategies for public information and social marketing include:

- awareness/educational campaigns
- social marketing
- instructional courses/curriculum
- "word of mouth"

These strategies use multiple mediums such as:

- media, radio, television, video, audio tapes, etc.
- written publications, newspaper, magazine, pamphlet, books
- interactive computer software
- internet web sites
- identifiers of participation: t-shirts, ribbons, buttons, etc.

Research-Based Elements:

- Elements may include awareness/educational campaigns.

- Elements may include social marketing; instructional courses/curriculum and "word of mouth".
- Strategies use multiple mediums such as: media, radio, television, video, audio tape, written publications, newspaper, magazine, pamphlet, books, interactive computer software, internet web sites, identifiers of participation (t-shirts, ribbons, buttons, etc.)
- Public awareness campaigns have been shown effective as an adjunct to other complementary strategies, such as deterrence based efforts.
- Social marketing should enhance prevention programming. Social marketers use consumer-based models to design behavior change messages for target populations.
- Strategies are based on marketing principles called the Four P's: product, price, place and promotion.
- Social marketing techniques create research-intensive, audience-centered interventions.

Risk Factors Addressed:

Transitions
 Low commitment to school
 Academic failure
 Availability of drugs
 Community laws and norms favorable toward drug use
 Favorable attitudes toward drug use

Protective Factors Addressed:

Healthy and Clear standards
 Bonding to school
 Bonding to family

Implementation Considerations:

- An effective prevention initiative begins by knowing and understanding the audience.
- An effective prevention initiative begins by clarifying the core message.
- An effective prevention initiative begins by assessing available resources.
- An effective prevention initiative begins by knowledge of population's current beliefs and behavior patterns related to the cause/issue.
- Design needs to be benefits-oriented. Social marketing that is uniquely tailored to specific audiences and stresses how the benefits of behavior change outweigh the perceived costs of making lifestyle changes demonstrate effective results.
- Consider cultural, developmental and socioeconomic issues in order to focus outreach within all groups and foster inclusive participation.

Research suggests that the following "information dissemination" approaches are not singularly effective and in fact are largely ineffective: (Botvin, 1990)

- Approaches which teach primarily about drugs and their effects.
- Approaches, which use "fear arousal" and only emphasize the risks associated with tobacco, alcohol, or drug use.
- Approaches that stress "morality appeal", such as the evils of drug use.
- Approaches that use only "affective education" strategies, which focus on building self-esteem, responsible decision making and interpersonal growth.

Research Based Elements of Effective Prevention Strategies

Community Education

Brief Description of Program/Strategy: Prevention community educational sessions with clear goals and objectives designed for a specific target group. Must be on-going, sequential learning that promotes a change in attitude and behaviors that may lead to behavioral health problems.

Research-Based Elements:

The National Institute on Drug Abuse (NIDA) offers the following checklist for prevention education: (1997, Prevention Principles for School-Based Programs)

- Sequential, developmentally appropriate prevention education.
- Education program has been evaluated and demonstrated effectiveness and includes detailed lesson plans.
- Education uses interactive methods (modeling, role playing, discussion groups, extended practice)
- Education teaches social competence (communication, self-efficacy, assertiveness) and drug resistance skills that are culturally appropriate.
- Continued in-service training of staff.
- Continued assessment of new drug-related problems and reassessment of targeted groups within community.
- Continued update on program activities and results for the benefit of community leaders and local sponsorship groups and periodic stories through local media and/or public meetings.
- Define the populations by age, gender, socioeconomic status and cultural and religious characteristics.
- Assess what communities adults and youth want and need from a community education program.
- Conduct a risk factor analysis of each population served and focus program goals on reducing risk factors and enhancing protective factors.
- Ensure the programs are designed to meet the developmental needs of each target population.
- Training for staff which includes: effective communication and public speaking skills, developing and maintaining healthy relationships, networking, cultural/heritage sensitivity and appreciation training, crisis management/problem solving resources.
- Ensure that community education programs encourage staff and volunteers to attend courses that teach the skills necessary to reduce conduct problems in children and improve school attendance and academic success.

Risk Factors Addressed:

Availability of drugs
Community laws and norms favorable toward use
Favorable attitudes toward drug use
Low commitment to school/community

Protective Factors Addressed:

Community Bonding Skills
Attachment to school/community
Healthy beliefs/clear standards

Implementation Considerations:

- Involve community coalitions of essential educators, parents, youth, faith community, law enforcement, businesses and community leaders in the program planning process.
- Locate the community education program as possible within the same site as other neighborhood youth/parent/family prevention activities and programs.
- Provide staff who speaks the language of the participants.
- Provide programs that include youth and parents learning together.
- Vary access times; provide morning, afternoon, evening, weekend, vacation and holiday community education.
- Consider cultural, developmental and socioeconomic issues in order to focus outreach within all groups and foster inclusive participation.

Research Based Elements of Effective Prevention Strategies

Parent/Family Education

Brief Description of Program/Strategy: Prevention parent/family educational sessions aimed at parents and family members. May be ongoing, sequential sessions or workshops with defined goals and objectives. May include early childhood development, parenting skills, parent/child communication, and healthy families.

Research-Based Elements:

- Ensure that family-based programs promote and teach the skills necessary for parental monitoring of children and youth.
- Ensure that family-based programs promote, implement and regularly inform parents of clear, consistent school and community policies and laws on child abuse, violence, substance abuse, school attendance, and parental responsibility for young people's behaviors.
- Ensure that family-based programs train parents in behavioral skills that develop positive family relationships.
- Ensure that parent education courses teach the skills necessary to reduce conduct problems in children, and improve school attendance and academic success.
- Ensure that parent education courses teach the skills necessary to improve parent-child relations: listening and communication, stress management, problem solving and supporting the child's academic experience.
- Ensure that parent education courses teach and promote consistent positive discipline, limit setting and good citizenship.
- Promote and teach "NO USE" of ATOD by parents, and family members.
- Provide a minimum of 12-16 hour parenting course with specific skills instruction by a trained parent educator.
- Ensure that parent education courses are taught by trained parent educators/facilitators who have had a minimum of 150 hours of training in the following: positive discipline techniques/strategies, child development, support group facilitation, training adult learners, prevention of tobacco, alcohol and other drug use, accessing community resources, strengthening relationships through positive communication, supporting academic success in young people.
- Consider cultural, developmental and socioeconomic issues in order to focus outreach within all groups and foster inclusive participation.

Risk Factors Addressed:

Family management problems
Parental Attitudes and Involvement
Family history
Family Conflict
Favorable Attitudes toward use

Protective Factors Addressed:

Family Bonding Skills
Family/School Bonding
Healthy Beliefs/Clear Standards
Family Bonding Opportunities

Implementation Considerations:

- Provide childcare for parents attending parent education courses.
- Set up a transportation resource network to assist parents in attending.
- Provide parent education in primary language of participant.
- Vary times of parent education courses; provide morning, afternoon, evening and weekend coursework.

Reference:

Guidelines and Benchmarks for Prevention Programming, Dept. of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention. Rockville, Maryland, 1997. P. 16-19

Research Based Elements of Effective Prevention Strategies

Alternative Activities

Brief Description of Program/Strategy: Prevention alternative activities that provide challenging positive growth experiences, leading to the development of self-reliance and independence. Programs offer healthy alternatives for leisure/free time within the community setting.

There are nine general types of positive activities/alternatives:

- Alternative events programming
- Athletic and other recreational activities
- Adventure-oriented alternatives
- Alternatives based on culturally specific models
- Alternatives consisting of entrepreneurial ventures
- Alternatives aimed at youth who are at high risk
- Alternatives promoting community service and service learning
- Alternatives consisting of creative or artistic activities
- Community drop-in centers

Research-Based Elements:

- Alternative activities are most effective when used as one component of a comprehensive plan. Single shot events and activities are not effective at reducing ATOD use. Six essential elements for success are detailed in *Building Resiliency: What Works (1994)*. The necessary elements include: 1) A comprehensive strategy with clear mission and goals; (2) committed, caring, professional leadership, (3) Youth-center activities in youth accessible facilities, (4) Culturally competent and diverse programs, (5) youth ownership and involvement, (6) positive focus including all youth.
- Determining factor in the effectiveness of positive activities, is not leisure activity, but the amount of time spent in organized leisure activity, supervised by a caring adult.
- Positive activities should tailor their program content to youth population served
- Positive activities should recognize and respond to the diverse background and experiences of youth
- Positive activities should value young people's contributions and provide time for youth to be listened to and make meaningful contributions
- Positive activities should enhance the role of youth as resources to their community
- Positive activities should strengthen the quality and diversity of their adult leadership
- Positive activities should serve as vigorous advocates for youth
- Positive activities should aggressively reach out to youth and families, particularly under-served populations
- Positive activities should establish strong organizational structures, including energetic and, committed adult leadership
- Positive activities should specify and evaluate their programs' outcomes regularly
- Positive activities should actively compete for young people's time and attention

Risk Factors Addressed:

Low commitment to school
Friends who use substances
Favorable Attitudes toward use
Early initiation of the problem behavior

Protective Factors Addressed:

Bonding: School and people
Healthy beliefs/clear standards
Resistance skills
Community Service opportunities
Social competence skills

Implementation Considerations:

- Integrated into a comprehensive prevention program and reinforce its message.
- Enhance youth's competence and sense of autonomy and purpose.
- Extend to high risk and beginning users and their families.
- Specify and evaluate the program's outcomes regularly.
- Involve youth in planning and running the program.
- Expand beyond the school.

References:

A matter of time: risk and opportunity in the non-school hours, Carnegie Corporation, NY (1992)

Substance Abuse Resource Guide: Positive Youth Activities, Center for Substance Abuse Prevention's National Clearinghouse for Alcohol and Drug Information. Rockville, Maryland. May 1998.

Research Based Elements of Effective Prevention Strategies

Community Mobilization

Brief Description of Program/Strategy: Prevention community mobilization activities directed toward the development of ongoing grassroots movement to deal effectively with behavioral health issues within the community. Must include these activities: developing partnerships with schools, businesses, Governor's Alliance Against Drugs; resource networking; developing neighborhood coalitions; training and technical assistance to coalitions; community needs assessment.

Research-Based Elements:

- Series of intentional, planned strategies that support one or more of the following efforts: development of new resources and services, retention of existing resources and pooled resources, reduce duplication and the enhancement of locally services, increase identified community assets.
- Must have action planning strategies with clear goals and objectives.
- Identify and engage resources and appropriate participation.
- Use strategies to engage participation, and maximize results.
- Effective community mobilization involves facilitation.
- Mobilization framework must be culturally competent and respect the diversity of the community.
- Prior to mobilization, community needs to gather and utilize relevant data (needs and assets) both formally and informally
- Understand community organization mechanisms.
- Have familiarity with local community norms, values and cultures.
- Must have knowledge and skills in effective leadership and technical assistance assessment.

Risk Factors Addressed:

Availability of drugs
Community laws and norms favorable toward use
Favorable attitudes toward drug use
Low commitment to school/community

Protective Factors Addressed:

Community Bonding Skills
Attachment to school/community
Healthy beliefs/clear standards

Implementation Considerations:

- Requires sustained leadership.
- Formalization of coalition roles, rules and clear procedures that provide a framework for community participation.
- Rewards and incentives people feel valued and notice their successes.
- Internal and external communication on a regular basis.
- Community organizational know-how is well marketed.
- Consider cultural, developmental and socioeconomic issues in order to focus outreach within groups and foster inclusive participation.

- Behind the scenes support to handle day to day logistics of the coalition and provide technical assistance.
- Avoid duplication of services, work for collaboration and coordination of services
- Involve community coalitions of essential educators, parents, youth, faith community, law enforcement, businesses and community leaders in the planning process.
- Use current events, quality of life statistics, and controversial issues as marketing and instructional tools in order to engage interest, participation and continued involvement.
- Address known obstacles for effective implementation: community biases, scarcity or organizational resources necessary to carry out community mobilization.
- Individuals/families can better thrive in communities where there are healthy leisure activities, strong services that support capacity and opportunities to engage in meaningful participation.
- Cost effectiveness (pools resources, maximizes participation).
- Long-term solutions/focus on conditions rather than addressing problem symptoms as an underlying strategy that can be incorporated in the development of new services.
- Using Community Mobilization strategies can improve all prevention service delivery efforts. Aspects of community mobilization can be utilized in all service delivery codes.

Reference:

Effective Community Mobilization: Lessons Learned from Experience: A CSAP Implementation Guide. Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Administration (CSAP). Rockville, Maryland (1997)(Document #PHD739)

Research Based Elements of Effective Prevention Strategies

Life Skills Development

Brief Description of Program/Strategy: Prevention life skills development activities that assist individuals in developing or improving critical life skills. Must be ongoing, sequential learning activities or sessions that focus on the development of skills in decision making, coping with stress, values awareness, problem solving, conflict resolution, resistance skills and self-esteem.

Research-Based Elements:

- Specific focus and additional support for middle and junior high years.
- Curriculum is research-based and includes detailed lesson plans and student materials.
- Curriculum uses interactive methods (modeling, role playing, discussion groups, extended practice)
- Curriculum promotes pro-social bonding to school and community
- Curriculum teaches social competence (communication, self-efficacy, assertiveness) and drug resistance skills that are culturally appropriate.
- Curriculum promotes anti-drug social norms and positive peer influence.
- Curriculum includes an adequate dosage of 10- 15 sessions each year.
- Implementation is evaluated to determine effectiveness.
- School-based prevention education programs that combine life skills, parent education and youth development strategies achieve the best results.

Risk Factors Addressed:

Family management problems
Skills/Opportunities
Parental Attitudes and Involvement
Family history
Family Conflict
Favorable Attitudes toward use
Early antisocial behavior
Academic Failure
Low commitment to School/community
Friends involved in problem behavior

Protective Factors Addressed:

Family Bonding
Social competence skills
Family/School Bonding
Healthy beliefs/clear standards
Academic skill building
Resistance and social skills

Implementation Considerations:

- Effective prevention education program requires aggressive teacher/presenter training in the use of interactive group process.
- Interactive program must include participation by everyone and must allow enough time to practice and truly acquire interpersonal skills.
- Teaching a combination of social resistance skills and general life skills.
- Proper implementation, taught by regular classroom teachers (if school-based)
- Targeted to 6th-8th graders.
- Provide follow up with booster sessions (at least 10 sessions per year).

- Discontinue knowledge-only and affective-only peer programs.
- Focus on peer programs, which emphasize communication, decision making and refusal skills.
- Offer regular skill development booster sessions.
- For at-risk youth, supplement peer programs with alternatives (e.g. community-based activities, physical adventures, mastery learning, job skills).
- An effective, interactive prevention education program can reduce drug use in school or school district.
- School-based interactive prevention programs positive outcomes are doubled when incorporated into a community-wide effort.

Research Based Elements of Effective Prevention Strategies

Peer Leadership

Brief Description, of Program/Strategy: Prevention peer leadership skills development through the pairing of trained and supervised peers with others. Must have a curriculum. May include a variety of activities designed to reinforce leadership capabilities.

Research-Based Elements:

- Peer leadership is a single activity of a more comprehensive strategy component, youth development
- Be youth driven and led.
- Help youth develop skills and resilient traits.
- Provide a place for youth to socialize with peers in a fun and safe environment.
- Build community partnerships that support youth.
- Provide meaningful and caring relationships among youth with adults.
- Promote belief in youths' capacity to contribute.
- Support and train all the adult staff on a regular basis to work effectively with youth.
- Have clear defined goals and measurements of effectiveness.
- Evaluate programs periodically to assess progress and refine, improve and strengthen the program effectively.
- An orientation for staff, volunteers and participants that includes: program overview, description of eligibility, screening process, and suitability requirements; level of commitment expected (time, energy, flexibility); expectations and restrictions(accountability); benefits and rewards they can expect; a separate focus for potential youth/peer leaders and participants; a summary of program policies, including written reports, interviews, evaluation and reimbursement.
- Eligibility screening for staff, volunteers and participants that includes: an application process and review; face to face inter-view and home visit; reference checks for youth/peer leaders, which may include character references, child abuse registry check, driving record checks and criminal record checks where legally permissible.
- Ensure that strategies and activities provided within the youth development program promote and teach young people specific skills: cultural heritage sensitivity and appreciation training, guidelines for participants on how to get the most out of the peer helping relationships; do's and don't of relationship management, job and role descriptions, confidentiality and liability information, crisis management/problemsolving resources, communication skills development, ongoing sessions as necessary.
- Ensure that youth development programs promote, implement and regularly inform parents; if clear, consistent school and community policies and laws on child abuse, violence, substance abuse, school attendance and parental responsibility for young people's behaviors.
- Ensure that youth development programs train staff in behavioral skills that develop positive youth and adult relationships: listening and communication, stress

management, problem solving and supporting the child's academic experience, positive discipline, limit setting and good citizenship.

- The monitoring process should include: consistent, scheduled meetings with staff, youth/peer leaders and participants; a tracking system for ongoing assessment; written records; input from community partners, family and significant others; a process for, managing grievances, praise, re-matching, interpersonal problem solving and premature relationship closure.
- Ensure that staff and youth/peer leaders are provided with the opportunity to attend training in the following areas: positive discipline techniques/strategies, child development, support group facilitation, training youth/peers, prevention of tobacco, alcohol and other drug use, accessing community resources, strengthening relationships through positive communication and supporting academic success in young people.

Risk Factors Addressed:

Friends who use
Favorable attitude toward use
Early initiation of the problem behavior
Community laws and norms favorable toward use

Protective Factors Addressed:

School Bonding Skills
Family Bonding
Healthy beliefs/clear standards

Implementation Considerations:

- Locate the youth development program as possible within the same site as other neighborhood youth/parent/family prevention activities and programs.
- Set up a transportation resource network to assist youth in participating.
- Provide access for youth participants to youth and adult mentors.
- Provide programs that include parents and young people learning together.
- Conduct a thorough examination of existing youth development prevention programs within the community.
- Address known obstacles for effective implementation: community bias against youth involvement, the scarcity of organizational resources necessary to carry out youth development programs.
- Provide youth and youth family members easy access to other community resources.

Research Based Elements of Effective Prevention Strategies

Mentorship

Brief Description of Program/Strategy: Prevention mentorship through the use of positive role models to provide support and guidance to assist individuals in achieving personal growth. Usually matches a young person with an adult, who provides guidance to that person re-establishing and maintaining a positive relationship through a variety of activities.

Research-Based Elements:

- Mentoring is a structured, one-to-one relationship that focuses on the needs of the mentored participant. Mentoring is cited by research as a best practice when implemented according to science-based proven principles and implementation strategies with ten to fourteen-year-olds.
- Program around a minimum of 3-4 meetings per month, lasting several hours for a period of at least a year.
- A matching strategy that includes: a link with the, program's statement of purpose; a commitment to consistency; a grounding in the program's eligibility criteria; a rationale for the selection of this particular matching strategy from the wide range of available models.
- Have a signed statement of understanding that both parties agree to the conditions of the mentor/mentee match and the mentoring relationship.
- Should have a recruitment plan for both mentors and participants that includes: strategies that portray accurate expectations and benefits; year-round marketing and public relations; targeted outreach based on participant's needs; volunteer opportunities beyond mentoring; a basis in your program's statement of purpose and long-range plan.
- Should have an orientation for mentors and participants that includes: program overview; description of eligibility, screening process and suitability requirements; level of commitment expected (time, energy, flexibility); expectations and restrictions(accountability); benefits and rewards they can expect; a separate focus for potential mentors and participants; a summary of program policies, including written reports, interviews, evaluation and reimbursement.
- Eligibility screening for mentors and participants that includes: an application process and review; face to face interview and home visit; reference checks for mentors, which may include character references, child abuse registry check, driving record checks and criminal records checks where legally permissible.
- Successful completion of pre-match training and orientation.
- Pre-match social activities between mentor and participant pools.
- Team building activities to reduce the anxiety of first meetings.
- A readiness and training curriculum for all mentors and participants that includes: trained staff trainers, orientation to program and resource network, including information and referral, other supportive services and schools; skill development as appropriate.

- Ensure that mentoring programs promote and teach mentors and mentees specific skills: cultural/heritage sensitivity and appreciation training, guidelines for participants on how to get the most out of the mentoring relationship; do's and don'ts of relationship management, job and role descriptions, confidentiality and liability information, crisis management/problem solving resources, communication skills development, ongoing sessions as necessary.
- Ensure that mentoring programs promote, implement and regularly inform parents of clear, consistent school and community policies and laws on child abuse, violence and substance abuse, school attendance and parental responsibility for young people's behavior.
- Ensure that mentoring programs train mentors in behavioral skills that develop positive mentor/mentee relationships: listening and communication, stress management, problem solving and supporting the child's academic experience, positive discipline, limit setting and good citizenship.
- Ensure that mentoring programs encourage mentors to attend courses that teach the skills necessary to reduce conduct problems in children, and improve school attendance and academic success.
- Mentors deal primarily with two types of tasks: instructional and psychosocial. Instructional tasks deal with academic support, tutoring, leadership development, and/or employment/career preparation. Psychosocial deals with support for personal development, emotional attachment, role-modeling and counseling.
- Include a support, recognition and retention component that includes: a formal kick-off event; ongoing peer support groups for volunteers, participants and others; ongoing training and development; relevant issues discussion and information dissemination; networking with appropriate organizations; social gatherings of different groups as needed; annual recognition and appreciation event.
- Closure steps that include: private and confidential exit interview to de-brief the mentoring relationship between the participant and the staff, mentor and staff, mentor and participant without staff; clearly state policy for future contacts; assistance for participants in defining next steps for achieving personal goals.

Risk Factors Addressed:

Parental Absenteeism
 Lack of adult supervision
 Greater reliance on and influence by peers than adults
 Early initiation of youth to problem behavior
 Low commitment to school

Protective Factors Addressed:

Bonding with pro-social adult
 Developing healthy beliefs and standards
 Supportive networks and social bonds
 Opportunities for meaningful participation
 High value placed on education

Implementation Considerations:

- One mentoring strategy is not suitable for all populations or communities. Different communities and different groups within the community may require a variety of approaches, strategies and materials.
- There are different types of approaches available in mentoring programs that can be generally organized into four broad categories: corporate based mentoring

programs, school-based mentoring programs, youth as mentor programs, and community based mentoring programs.

- Selection of mentors requires a structured screening process with continual monitoring and supervision.
- Training for mentors is essential.
- Careful matching of mentor and mentee requires attention to cultural and ethnic compatibility, similar interests and matching by need and commitment.
- Ensure that mentoring programs are culturally sensitive and appropriate.
- Ensure programs are designed to meet the developmental needs of each target population
- Locate the entire mentoring program as possible within the same site as other neighborhood youth/parent/family prevention programs.
- Provide access to mentors through telephone, e-mail, etc.
- Provide mentors who speak the primary language of participant.
- Newsletters or other mailings to participants, mentors, supporters and funders.
- Address known obstacles for effective implementation: the limited number of adults available to serve as mentors and the scarcity of organizational resources necessary to carry out a successful program.
- The monitoring process should include- consistent scheduled meetings with staff, mentors and participants; a tracking system for ongoing assessment; written records; input from community partners, family and significant others; a process for managing grievances, praise, re-matching, interpersonal problem solving and premature relationship closure.

References:

Guidelines and Benchmarks for Prevention Programming, Dept. of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention. Rockville, Maryland, 1997.

Public/Private Ventures, *Making a Difference: An Impact Study*. Philadelphia, PA.(Tierney and Grossman, 1995). 2005 Market St, Suite 900, 215-557-4400.

OJJDP Juvenile Justice Mentoring Program Evaluation Workbook.
<http://www.ncjrs.org/ojjhome.htm>. Juvenile Justice Clearinghouse, 1-800-638-8736.

APPENDIX G

Needs Assessment Resources

NOTE: This is a partial list of resources and is intended as a starting point to assist with the identification of useful resources in collecting needs assessment information and working through prioritizing needs assessment information. These resources are not mandatory in developing your Needs Assessment for submission of Governor's Safe and Drug Free Schools and Communities grant application.

Arizona Statewide Social Indicator Website

<http://www.hs.state.az.us/bhs/prevention/index.htm>

Arizona Criminal Justice Commission Reports (Including the Arizona Youth Survey and Arizona Youth Survey County Level Reports)

www.acjc.state.az.us/resources/publications.html

Annie E. Casey Foundation

<http://www.aecf.org/>

Center for Substance Abuse Western Center for the Application of Prevention Technologies

www.westcapt.org

U.S. Department of Justice, Bureau of Justice Statistics

<http://www.ojp.usdoj.gov/bjs/>

Arizona Administrative Office of the Courts (AOC)/Juvenile Services Division

www.supreme.state.az.us/jjsd/

Monitoring the Future

<http://www.monitoringthefuture.org/>

STRATEGIES/APPROACHES RESOURCES

NOTE: This is also a partial list of resources intended to assist in developing the appropriate strategy or program. These resources are intended to assist as necessary the development of your Strategy or Approach. These resources are not mandatory in developing your strategy or approach for submission of Governor's Safe and Drug Free Schools and Communities grant application.

Blueprints for Violence Prevention

www.colorado.edu/cspv/blueprints/

The Center for Substance Abuse Prevention's (CSAP) Western Center for the Application of Prevention Technologies (West CAPT)

www.westcapt.org

Other CSAP Regional Centers for the Application of Prevention Technologies

www.captus.org

U.S. Department of Justice, Office of Juvenile Justice Delinquency Prevention

<http://ojjdp.ncjrs.org/resources/combased.html>

OTHER RESOURCES

NOTE: This is a non-inclusive list of resources for review. These resources are not mandatory in developing your application for submission of Governor's Safe and Drug Free Schools and Communities grant application.

U.S. Department of Education, No Child Left Behind Act of 2001

<http://www.ed.gov/legislation/ESEA02/>

Governor's Office for Children, Youth and Families

www.governor.state.az.us/cyf

Arizona Department of Health Services – Behavioral Health Services

www.hs.state.az.us/bhs/prevention

Arizona State Procurement Office

www.sporas.ad.state.az.us/

National Indian Child Welfare Association

www.nicwa.org

Substance Abuse and Mental Health Services Administration

www.samhsa.gov

Office of National Drug Control Policy

<http://www.samhsa.gov/oas/nhsda.htm>

The American Psychological Association – The Prevention Connection

www.oslc.org/spr/home.html

Prevention Science

www.preventionscience.org

Communities that Care

www.preventionscience.com/ctc/CTC.html

The National Criminal Justice Reference Service

www.ncjrs.org

The National Youth Gang Center

www.iir.com/nygc

National Mentoring Center

www.nwrel.org/mentoring

Development Services Group

www.dsgonline.com

American Youth Policy Forum

<http://www.aypf.org/subcats/jjpubs.htm>

APPENDIX H

Sample Certificate of Insurance

Prior to commencing services under this contract, the contractor must furnish the state certification from insurer(s) for coverages in the minimum amounts as stated below. The coverages shall be maintained in full force and effect during the term of this contract and shall not serve to limit any liabilities or any other contractor obligations.

Name and Address of Insurance Agency:		Company Letter:	Companies Affording Coverage:		
		A			
		B			
Name and Address of Insured:		C			
		D			
LIMITS OF LIABILITY MINIMUM - EACH OCCURRENCE		COMPANY LETTER	TYPE OF INSURANCE	POLICY NUMBER	DATE POLICY EXPIRES
Bodily Injury Per Person Each Occurrence Property Damage OR Bodily Injury And Property Damage Combined			Comprehensive General Liability Form Premises Operations Contractual Independent Contractors Products/Completed Operations Hazard Personal Injury Broad Form Property Damage Explosion & Collapse (If Applicable) Underground Hazard (If Applicable)		
Same as Above			Comprehensive Auto Liability Including Non-Owned (If Applicable)		
Necessary if underlying is not above minimum			Umbrella Liability		
Statutory Limits			Workmen's Compensation and Employer's Liability		
			Other		

State of Arizona and the Department named above are added as additional insureds as required by statute, contract, purchase order, or otherwise requested. It is agreed that any insurance available to the named insured shall be primary of other sources that may be available.

Name and Address of Certificate Holder:

It is further agreed that no policy shall expire, be canceled or materially changed to affect the coverage available to the state without thirty (30) days written notice to the State. This Certificate is not valid unless countersigned by an authorized representative of the insurance company.

Date

Issued: _____

Prior to commencing services under this contract, the contractor must furnish the state certification from insurer(s) for coverages in the minimum amounts as stated below. The coverages shall be maintained in full force and effect during the term of this contract and shall not serve to limit any liabilities or any other contractor obligations.

Name and Address of Insurance Agency:	Company Letter:	Companies Affording Coverage:
	A	
	B	
Name and Address of Insured:	C	
	D	

Authorized Representative